

1544192534

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICEOMB No.: 0920-0020
Exp. Date: 05/31/2004

DATE OF RADIOGRAPH

MONTH DAY YEAR

--	--	--	--	--	--	--	--	--	--

WORKER'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

CENTERS FOR DISEASE CONTROL
National Institute for Occupational Safety and Health
Federal Mine Safety and Health Act of 1977
Medical Examination Program

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

A	B	P

FACILITY IDENTIFICATION

--	--	--	--	--	--

Coal Workers' Health Surveillance Program
NIOSH
PO Box 4258
Morgantown, West Virginia 26504

1. FILM QUALITY

1	2	3	U/R
---	---	---	-----

(If not Grade 1, mark all boxes that apply)

☐ Overexposed (dark)☐ Underexposed (light)☐ Artifacts☐ Improper position☐ Poor contrast☐ Poor processing☐ Underinflation☐ Mottle☐ Other (please specify) _____2A. ANY PARENCHYMAL ABNORMALITIES
CONSISTENT WITH PNEUMOCONIOSIS?YES ☐Complete Sections
2B and 2CNO ☐Proceed to
Section 3A

2B. SMALL OPACITIES

a. SHAPE/SIZE

PRIMARY SECONDARY

p	s	p	s
q	t	q	t
r	u	r	u

b. ZONES

R L

UPPER
MIDDLE
LOWER

c. PROFUSION

0/-	0/0	0/1
1/0	1/1	1/2
2/1	2/2	2/3
3/2	3/3	3/+

2C. LARGE OPACITIES

SIZE

O	A	B	C
---	---	---	---

Proceed to
Section 3A3A. ANY PLEURAL ABNORMALITIES
CONSISTENT WITH PNEUMOCONIOSIS?YES ☐Complete Sections
3B, 3CNO ☐Proceed to
Section 4A

3B. PLEURAL PLAQUES

(mark site, calcification, extent, and width)

Chest wall

Site

In profile

O	R	L
---	---	---

Face on

O	R	L
---	---	---

Diaphragm

O	R	L
---	---	---

Other site(s)

O	R	L
---	---	---

Calcification

O	R	L
---	---	---

O	R	L
---	---	---

O	R	L
---	---	---

O	R	L
---	---	---

Extent (chest wall; combined for
in profile and face on)

Up to 1/4 of lateral chest wall = 1

1/4 to 1/2 of lateral chest wall = 2

> 1/2 of lateral chest wall = 3

O	R		
---	---	--	--

1	2	3
---	---	---

O	L		
---	---	--	--

1	2	3
---	---	---

Width (in profile only)

(3mm minimum width required)

3 to 5 mm = a

5 to 10 mm = b

> 10 mm = c

O	R		
---	---	--	--

a	b	c
---	---	---

O	L		
---	---	--	--

a	b	c
---	---	---

3C. COSTOPHRENIC ANGLE OBLITERATION

R	L
---	---

Proceed to
Section 3DNO ☐Proceed to
Section 4A

3D. DIFFUSE PLEURAL THICKENING

(mark site, calcification,
extent, and width)

Chest wall

Site

In profile

O	R	L
---	---	---

Face on

O	R	L
---	---	---

Calcification

O	R	L
---	---	---

O	R	L
---	---	---

Extent (chest wall; combined for
in profile and face on)

Up to 1/4 of lateral chest wall = 1

1/4 to 1/2 of lateral chest wall = 2

> 1/2 of lateral chest wall = 3

O	R		
---	---	--	--

1	2	3
---	---	---

O	L		
---	---	--	--

1	2	3
---	---	---

Width (in profile only)

(3mm minimum width required)

3 to 5 mm = a

5 to 10 mm = b

> 10 mm = c

O	R		
---	---	--	--

a	b	c
---	---	---

O	L		
---	---	--	--

a	b	c
---	---	---

4A. ANY OTHER ABNORMALITIES?

YES ☐Complete Sections
4B, 4C, 4D, 4ENO ☐Proceed to
Section 5

4B. OTHER SYMBOLS (OBLIGATORY)

aa	at	ax	bu	ca	cg	cn	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	me	pa	pb	pi	px	ra	rp	tb
----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

OD

If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D)

Date Physician or Worker notified?

MONTH	DAY	YEAR

4E. Should worker see personal physician because of findings in section 4? YES ☐ NO ☐

Proceed to Section 5

5. PHYSICIAN'S Social Security Number*

--	--	--	--	--	--	--	--	--	--

* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

FILM READER'S
INITIALS

--	--	--	--

DATE OF READING

MONTH	DAY	YEAR

LAST NAME - STREET ADDRESS

CITY
CDC/NIOSH (M) 2.8
REV. 6/02

STATE

ZIP CODE

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- ☐ Eventration
- ☐ Hiatal hernia

Airway Disorders

- ☐ Bronchovascular markings, heavy or increased
- ☐ Hyperinflation

Bony Abnormalities

- ☐ Bony chest cage abnormality
- ☐ Fracture, healed (non-rib)
- ☐ Fracture, not healed (non-rib)
- ☐ Scoliosis
- ☐ Vertebral column abnormality

Lung Parenchymal Abnormalities

- ☐ Azygos lobe
- ☐ Density, lung
- ☐ Infiltrate
- ☐ Nodule, nodular lesion

Miscellaneous Abnormalities

- ☐ Foreign body
- ☐ Post-surgical changes/sternal wire
- ☐ Cyst

Vascular Disorders

- ☐ Aorta, anomaly of
- ☐ Vascular abnormality

4D. OTHER COMMENTS

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (09020-0020). Do not send the completed form to this address.